

EXHIBIT 56

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21 70

REQUEST FOR LEAVE OR APPROVED ABSENCE

1. NAME (Last, First, Middle Initial) O'Donnell Colleen				2. EMPLOYEE OR SOCIAL SECURITY NUMBER ON FILE			
3. ORGANIZATION							
4. TYPE OF LEAVE/ABSENCE (Check appropriate box(es) below.)		DATE From: To:		TIME From: To:		TOTAL HOURS	
<input type="checkbox"/> Accrued Annual Leave							
<input type="checkbox"/> Restored Annual Leave							
<input type="checkbox"/> Advance Annual Leave							
<input type="checkbox"/> Accrued Sick Leave							
<input type="checkbox"/> Advance Sick Leave							
Purpose: <input type="checkbox"/> Medical/dental/optical examination of requesting employee <input type="checkbox"/> Other							
<input type="checkbox"/> Care of family member/bereavement, including medical/dental/optical examination of family member							
<input type="checkbox"/> Compensatory Time Off							
<input type="checkbox"/> Other Paid Absence							
<input checked="" type="checkbox"/> Leave Without Pay		8-11 -		730 40		8	
5. FAMILY AND MEDICAL LEAVE							
If annual leave, sick leave, or leave without pay will be used under the Family and Medical Leave Act of 1993, please provide the following information:							
<input type="checkbox"/> I hereby invoke my entitlement to Family and Medical Leave for:							
<input type="checkbox"/> Birth/Adoption/Foster Care							
<input type="checkbox"/> Serious Health Condition of Spouse, Son, Daughter, or Parent							
<input type="checkbox"/> Serious Health Condition of Self							
Contact your supervisor and/or your personnel office to obtain additional information about your entitlements and responsibilities under the Family and Medical Leave Act of 1993.							
6. REMARKS: Dr's Note Will Follow when I have my next appointment in September.							
7. CERTIFICATION: I hereby request leave/approved absence from duty as indicated above and certify that such leave/absence is requested for the purpose(s) indicated. I understand that I must comply with my employing agency's procedures for requesting leave/approved absence (and provide additional documentation, including medical certification, if required) and that falsification of information on this form may be grounds for disciplinary action, including removal.							
EMPLOYEE SIGNATURE Colleen O'Donnell				DATE 8-11-03			
8. OFFICIAL ACTION ON REQUEST: <input type="checkbox"/> APPROVED <input checked="" type="checkbox"/> DISAPPROVED							
(If disapproved, give reason. If annual leave, initiate action to reschedule.)							
Denied, Ms. O'Donnell failed to follow my instructions on 7-29-03 by not providing an updated							
SIGNATURE Ann O'Hara				DATE 8/12/3			
PRIVACY ACT STATEMENT							
Section 5311 of title 5, United States Code, authorizes collection of this information. The primary use of this information is by management and your payroll office to approve and record your use of leave. Additional disclosures of the information may be: To the Department of Labor when processing a claim for compensation regarding a job connected injury or illness; to a State unemployment compensation office regarding a claim; to Federal Life Insurance or Health Benefits carriers regarding a claim; to a Federal, State, or local law enforcement agency when your agency becomes aware of a violation or possible violation of civil or criminal law; to a Federal agency when conducting an investigation for employment or security reasons; to the Office of Personnel Management or the General Accounting Office when the information is required for evaluation of leave administration; or to the General Services Administration in connection with its responsibilities for records management.							
Where the employee identification number is your Social Security Number, collection of this information is authorized by Executive Order 3397. Furnishing the information on this form, including your Social Security Number, is voluntary, but failure to do so may result in disapproval of this request.							
(If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.)							